

# Pine-Richland



## School District

[www.pinerichland.org](http://www.pinerichland.org)

### Administrative Offices

702 Warrendale Road  
Gibsonia · PA 15044  
(724) 625-7773  
Fax: (724) 625-1490

### Pine-Richland High School

700 Warrendale Road  
Gibsonia · PA 15044  
(724) 625-4444  
Fax: (724) 625-4640

### Pine-Richland Middle School

100 Logan Road  
Gibsonia · PA 15044  
(724) 625-3111  
Fax: (724) 625-3144

### Eden Hall Upper Elementary School

3900 Bakerstown Road  
Gibsonia · PA 15044  
(724) 443-1450  
Fax: (724) 443-1451

### Hance Elementary School

5518 Molnar Drive  
Gibsonia · PA 15044  
(724) 443-1541  
Fax: (724) 443-1290

### Richland Elementary School

3811 Bakerstown Road  
Gibsonia · PA 15044  
(724) 443-1558  
Fax: (724) 443-2180

### Wexford Elementary School

250 Brown Road  
Wexford · PA 15090  
(724) 935-4631  
Fax: (724) 935-3733

## ENROLLMENT PACKAGE

Once your residency is verified, the following items are required to complete the enrollment process:

1. Registration History and Census Form
  - \*2. **Copy of Birth Certificate for student being enrolled**
  3. Additional Demographic Information for State Reporting Form
  5. Home Language Survey Form
  6. Request for School Records Form
  7. Parental Affirmation Regarding Student Disciplinary Actions Form
  8. Athletic Questionnaire (grades 7-12)
  9. Kindergarten Placement (K only)
  - \*10. **Copy of immunization records**
11. If your child is entering Kindergarten or 1<sup>st</sup> grade for the first time with Pine Richland School District, or coming from out-of-state, you will need to submit completed and signed physical and dental exam forms to enroll. Physical & Dental Forms can be downloaded from our website [www.pinerichland.org](http://www.pinerichland.org) under "At Your Service", "Enrollment", under #2 "Health Services."

## SPECIALIZED EDUCATION SERVICES

If applicable, it is very important to provide the following documents for Specialized Education placement:

- \*1. **Existing Evaluation Report (ER) AND Individual Education Plan (IEP)**
- \*2. **Gifted Written Report (GWR) AND Gifted Individual Education Plan (GIEP).**

## \*DOCUMENTS YOU MUST BRING WITH YOU TO ENROLL STUDENT

Enrollments are accepted at the Pine-Richland School District Administration Office, Please call 724-625-7773 ext. 6000 to make an appointment. Upon completion of the enrollment you will receive a signed Verification of Enrollment form to take to the school your child will be attending. Before going to your child's school, please call the school's office to schedule an appointment. Personnel at the building will give you all of the building specific information and will begin assigning your child a schedule. Please allow a minimum of three (3) working days from the date all records have been submitted for completion of the registration process.



**Pine Richland School District  
Registration History and Census Form**

Head of Household Last Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township (check one) Pine Twp. \_\_\_ Richland Twp. \_\_\_ Do you own the home in which you reside? Yes \_\_\_ No \_\_\_

Do you rent? \_\_\_ Yes \_\_\_ No If yes: Landlord's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Term of Lease: Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Do you live with other family members (Parent, grandparents, aunt, etc) \_\_\_ Yes \_\_\_ No IF YES list relationship: \_\_\_\_\_

**When did you move into this address? \_\_\_\_\_ Month \_\_\_\_\_ Year. What city and state are you coming from: \_\_\_\_\_ What school/district are you coming from: \_\_\_\_\_**

**PLEASE LIST ALL PERSONS IN HOUSEHOLD IN ONE OF THE TWO BOXES BELOW:**

Mark an 'X' by Child to be Enrolled	List ALL Children UNDER 18 (Including the child you are registering) <i>(Indicate child's last name if different from parents)**</i>				SEX M/F	Date of Birth Month/Day/Yr	Name of School Child attends or <u>WILL</u> attend	G R A D E	PLEASE INDICATE if your child is receiving Specialized Education Services & has an existing IEP & ER or GIEP & GWR
	FIRST NAME	MIDDLE NAME	** LAST NAME	NICKNAME (if applicable)					
1									
2									
3									
4									
5									

	List ALL Residents ADULTS 18 and OVER (including yourself)	SEX M/F	Date of Birth Month/Day/Year	EMPLOYED (Employer's Name/Address)	OTHER R(etired) H(omeworker) U(nemployed) S(tudent)
	FIRST NAME LAST NAME				
1					
2					
3					
4					
5					

<b>Student Resides With:</b>	<b>THIS SECTION MUST BE COMPLETED</b>				
Name:	Mother	Step-Mother	Guardian		
Address: (if different than above)					
Employer:	Work Number:		Ext.		
E-Mail Address:	Cell Number:				
SALUTATION: Circle Appropriate Option:		Dr	Mr	Mrs	Ms Miss

Name:	Father	Step-Father	Guardian		
Address: (if different than above)					
Employer:	Work Number:		Ext.		
E-Mail Address:	Cell Number:				
SALUTATION: Circle Appropriate Option:		Dr	Mr	Mrs	Ms Miss

Custody Issue: (if yes, please provide legal documentation)	YES	NO	
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ADDITIONAL DEMOGRAPHIC INFORMATION FOR STATE REPORTING SYSTEM

(Must Be Completed - 1 form for each student)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Bldg: \_\_\_\_\_

### Special Education:

- Does your child have a current Individualized Education Plan (IEP)?  Yes  No  
If no, did your child have an IEP less than 2 years ago?  Yes  No  
If no, did your child have an IEP more than 2 years ago?  Yes  No

### Program Status (Only select one of the choices below):

- Regular student attending school district  
 Student is court or agency placed  
 Non-public student attending public school part-time

### Student Status (Please answer all questions):

Date student first entered a United States school: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If you do not know exact date, put month & year)

Date student first entered a Pennsylvania school: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If you do not know exact date, put month & year)

If Applicable - Date student first entered 9<sup>th</sup> grade in any school: \_\_\_\_\_  
(If you do not know exact date, put month & year)

Has student ever attended a Pennsylvania school?  Yes  No

If "Yes": \_\_\_\_\_  
(Name of School) (Year/s Attended) (Grade/s) (School District)

Type of school student is coming from:

- Public  Parochial  Private  Cyber/Charter  Other

School Name: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Home Language:  English  Other, \_\_\_\_\_

Ethnicity: (Choose One)  Hispanic/Latino  Not Hispanic/Latino

Race: (If NOT Hispanic /Latino choose one or more below)

- American Indian or Alaskan Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander

Immigrant:  Yes  No If "Yes", Number of years in US schools \_\_\_\_\_

Country of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

# **Home Language Survey Form**

**(All students must have one signed in their files)**

## **Background and Basis**

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires school districts/charter schools to identify limited English proficient students (language minority students). The Pennsylvania Department of Education has selected the Home Language Survey (HLS) as the tool to identify limited English proficient students. The purpose of this survey is to determine a primary or home language other than English (PHLOTE). Schools have a responsibility under federal law to serve students who are limited English proficient and need ESL or bilingual/bicultural instruction in order to be successful in academic subjects. Given this responsibility, school districts/charter schools have the right to ask for the information they need to identify these students. If not given to previously enrolled students, the HLS must be given to all students enrolled in the school district/charter school and then can be given at the time of each new student's enrollment. The HLS is placed in the student's permanent record file and remains there through the student's graduation.

## **Suggestions**

The school needs to maintain a reasonable balance between the family's privacy interests and the school's need to know information about the child in order to carryout its responsibilities. After a student is identified as a PHLOTE (primary or home language other than English), the school may request additional information only about the student for who it is needed.

**HOME LANGUAGE SURVEY\***  
**(You can list multiple students being registered)**

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires that school districts/charter schools to identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

**School District:**     Pine-Richland School District                          **Date:** \_\_\_\_\_

**Student Registering:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student Registering:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student Registering:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student Registering:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **School:** \_\_\_\_\_

1. Was English the first language student learned?  yes  no
2. If no, specify language? \_\_\_\_\_
3. Does the student speak a language other than English? \_\_\_\_\_  
If yes, specify language \_\_\_\_\_
4. What language(s) is/are spoken in your home? \_\_\_\_\_  
\_\_\_\_\_
5. Does your child speak English? \_\_\_\_\_

Person completing this form (if other than parent/guardian):

\_\_\_\_\_

(Please print name)

\_\_\_\_\_

**Parent/Guardian Name (Please Print)**

**Parent/Guardian Signature:** \_\_\_\_\_

\*The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

REQUEST FOR SCHOOL RECORDS

Parent/Guardian Name: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby request the previous school(s) listed below to release the following information to the Pine-Richland School District. Please send the 6 specific records listed below regarding the student who is withdrawing from your building to the PR school checked below to the attention of "The Guidance Department" and/or to the Special Education Office. (All of our schools' addresses are listed below)

Specific records to be released as listed:

- 1. Certified Academic Records
a. If your school uses percentage grades, please send the letter grade equivalent to your percentages for our elementary schools. For secondary schools, send percentages.
b. Include grades for work done at your school until the date of withdrawal.
c. Transcript if transferred to High School.
2. Health/Immunization Records, Birth Certificate
3. Confidential Records including Custody papers
4. Attendance Records
5. All Certified Discipline Records - (if none, please confirm)
6. See Below regarding Special Education Records

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Previous School Name(s) and Address(s):

Three rows of lines for school name and address, with phone or fax number lines below each.

1. Student's Name: \_\_\_\_\_ Previous Grade: \_\_\_\_\_ School they will be attending:
\_\_\_ PRHS (9-12) \_\_\_ PRMS(7-8) \_\_\_ Eden Hall Upper Elem.(4-6) \_\_\_ Hance (K-3) \_\_\_ Richland (K-3) \_\_\_ Wexford (K-3)

2. Student's Name: \_\_\_\_\_ Previous Grade: \_\_\_\_\_ School they will be attending:
\_\_\_ PRHS (9-12) \_\_\_ PRMS(7-8) \_\_\_ Eden Hall Upper Elem.(4-6) \_\_\_ Hance (K-3) \_\_\_ Richland (K-3) \_\_\_ Wexford (K-3)

3. Student's Name: \_\_\_\_\_ Previous Grade: \_\_\_\_\_ School they will be attending:
\_\_\_ PRHS (9-12) \_\_\_ PRMS(7-8) \_\_\_ Eden Hall Upper Elem.(4-6) \_\_\_ Hance (K-3) \_\_\_ Richland (K-3) \_\_\_ Wexford (K-3)

4. Student's Name: \_\_\_\_\_ Previous Grade: \_\_\_\_\_ School they will be attending:
\_\_\_ PRHS (9-12) \_\_\_ PRMS(7-8) \_\_\_ Eden Hall Upper Elem.(4-6) \_\_\_ Hance (K-3) \_\_\_ Richland (K-3) \_\_\_ Wexford (K-3)

Please Send School Records to:

Table with 7 columns: School Name, Address, Phone, Fax. Includes PR High School, PR Middle School, Eden Hall Upper Elementary, Hance Elementary, Richland Elementary, and Wexford Elementary.

Please send Special Education Records including Evaluation Reports, IEPs, Speech and Language, Gifted Written Reports, and GIEPs to:

Nancy Schindler, Special Ed Secretary
Pine-Richland School District
3811 Bakerstown Rd, Gibsonia, PA 15044
Phone (724) 443-7230 ext. 6501 or FAX: (724) 443-7374

Office Use Only: \_\_\_\_\_ Date Letter Sent \_\_\_\_\_ Date Records Received \_\_\_\_\_



# PARENTAL AFFIRMATION REGARDING STUDENT DISCIPLINARY ACTIONS

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

StreetAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

**Please complete the following:** (Only sign one statement below that relates to your child. If multiple children with different statements, please indicate "was not" or "was" by the child's name listed above and sign both statements).

I hereby swear or affirm that my child/(children) listed above **was not** \_\_\_\_\_ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. \*I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I hereby swear or affirm that my child (name) \_\_\_\_\_ **was** \_\_\_\_\_ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. \*I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*Name of the school from which student(s) was suspended or expelled; reason for suspension/expulsion; and date of suspension or expulsion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.**

**Pine-Richland School District Athletic Questionnaire for New Students  
(Only Needed For Students In Grades 7 through 12)**

PARENT \_\_\_\_\_ GUARDIAN \_\_\_\_\_ NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**1. STUDENT'S NAME ENROLLING:** \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_  
**Please circle your grade level as of today's date:** 7 8 9 10 11 12  
 Name of previous school \_\_\_\_\_ City & State of previous school \_\_\_\_\_  
 What sports did you participate in at your previous school? \_\_\_\_\_  
 Did you letter? \_\_\_\_\_ If yes, in what sport(s) and how many years? \_\_\_\_\_

**2. STUDENT'S NAME ENROLLING:** \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_  
**Please circle your grade level as of today's date:** 7 8 9 10 11 12  
 Name of previous school \_\_\_\_\_ City & State of previous school \_\_\_\_\_  
 What sports did you participate in at your previous school? \_\_\_\_\_  
 Did you letter? \_\_\_\_\_ If yes, in what sport(s) and how many years? \_\_\_\_\_

**3. STUDENT'S NAME ENROLLING:** \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_  
**Please circle your grade level as of today's date:** 7 8 9 10 11 12  
 Name of previous school \_\_\_\_\_ City & State of previous school \_\_\_\_\_  
 What sports did you participate in at your previous school? \_\_\_\_\_  
 Did you letter? \_\_\_\_\_ If yes, in what sport(s) and how many years? \_\_\_\_\_

**4. STUDENT'S NAME ENROLLING:** \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_  
**Please circle your grade level as of today's date:** 7 8 9 10 11 12  
 Name of previous school \_\_\_\_\_ City & State of previous school \_\_\_\_\_  
 What sports did you participate in at your previous school? \_\_\_\_\_  
 Did you letter? \_\_\_\_\_ If yes, in what sport(s) and how many years? \_\_\_\_\_

***Below are the sports we offer. Please check the sports you are interested in. Be sure the column you are making your choices in coincides with the number your name is entered above.***

	Student #					Student #					Student #			
<b>FALL Grades 7-12</b>					<b>WINTER Grades 7-12</b>					<b>SPRING Grades 7-12</b>				
Cross Country B/G					Boys Basketball					Baseball				
Field Hockey G-(D)					Gymnastics-(C)					Girls Volleyball 7/8/9				
Football					Hockey-(C)					Lacrosse B/G-(C)				
Girls Basketball 7/8 only					Wrestling					Softball				
Soccer B/G										Track B/G				
<b>FALL Grades 9-12</b>					<b>WINTER Grades 9-12</b>					<b>SPRING Grades 9-12</b>				
Crew B/G-(D)					Fencing-(A)					Crew B/G-(D)				
Girls Tennis					Girls Basketball					Boys Tennis				
Girls Volleyball					Indoor Track B/G					Boys Volleyball(D)				
Golf B/G					Swimming B/G									

**(C) = Club sport**

**(A) = Activity**

**(D) = Developmental**

For Office Use Only: \_\_\_\_\_



**PINE-RICHLAND ELEMENTARY SCHOOLS**  
**KINDERGARTEN PLACEMENT INFORMATION**

The Pine-Richland School District provides one-way transportation for kindergarten students. Students who attend morning kindergarten travel by bus to school. Parents are responsible for making arrangements for the child to be picked up at the end of the kindergarten session. It is the parents' responsibility to bring the student to school if he/she attends afternoon kindergarten. Students return home at the end of the school day using bus transportation provided by the district.

The Pine-Richland Elementary Schools attempt to assign students to the most convenient kindergarten session; however, the district cannot guarantee a specific placement. Student placement must be reviewed to ensure balanced class size in both the morning and afternoon sessions. Families will be notified of a child's placement during the summer.

Child's Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Preschool(s) Attended: \_\_\_\_\_

Indicate below your preference of kindergarten session. Please remember your request cannot be guaranteed.

- No Preference - Either session
- A.M. - Morning Kindergarten (9:15 a.m. - 12:00)
- P.M. - Afternoon Kindergarten (1 :00 p.m. - 3:45)

Please give rationale for a specific session request:

Please list other children your child will be carpooling with, if known:

**OPTIONAL:**

Please indicate below if there are special needs (academic, behavior, or social) that your child has, or if there is a particular concern you have about your child that you would like the school staff to consider when determining your child's placement in the classroom.  
(Requests for specific teachers cannot be honored.)

# **Required Immunizations for Entrance to Pine Richland School District**

The Allegheny County Health Department wants every parent to know the new immunization requirements for all students in grades K-12. **No student will be allowed to enter school until all immunization requirements are met.**

## **SCHOOL IMMUNIZATION REGULATIONS**

### **All Grades K-12**

- ✓ 4 doses of tetanus (1 Dose after 4<sup>th</sup> birthday)
- ✓ 4 doses of diphtheria (1 Dose after 4<sup>th</sup> birthday)
- ✓ 3 doses of polio
- ✓ 2 doses of measles
- ✓ 2 doses of mumps
- ✓ 1 dose of rubella
- ✓ 3 doses of hepatitis B-properly spaced
- ✓ 2 doses of varicella or written statement from a physician indicating month and year or serologic proof of immunity

### **GRADES 7-12**

- ✓ 1 dose of tetanus/diphtheria/Pertussis (Tdap)
- ✓ 1 dose of meningitis vaccine (MCV4)

Please contact your building school nurse with any questions.